2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # 280989

1. Entity Name
SEAHORSE MARINA, INC.

Principal Place of Business	Mailing Address
4135 KINGS HWY. CHARLOTTE HARBOR FL 33980 US	22481 GLEN AVE. PORT CHARLOTTE FL 33980 US

2. Principal Place of Business - No P.O Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-0912802 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINNEGAN, MARTHA
22481 GLEN AVE.
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	AIMINO, KATHLEEN F	
STREET ADDRESS	PO BOX 8368	
CITY-ST-ZIP	FLEMING ISLAND FL 32006	
TITLE	VP	☐ Delete
NAME	FINNEGAN, MICHAEL	
STREET ADDRESS	1108 BELMAR AVE. N.W.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	P	☐ Delete
NAME	FINNEGAN, MARTHA	
STREET ADDRESS	22481 GLEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	☐ Delete
NAME	FINNEGAN, MICHAEL	
STREET ADDRESS	1108 BELMAR AVE. NW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000680072	
STREET ADDRESS	04/03/07-80063-021 158.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

... information ... or director ... or Block 11

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119... indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect ... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Sta... if changed, or on an attachment with an address, with all other like empowered.

Kathleen Finnegan ...-7086

SIGNATURE: Kathleen Finnegan Aimino Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR